

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Serial Number or Case Number  
10231

CLAIMS AS FILED - PART I

| (Column 1)                         | (Column 2)   | (Column 3)   |
|------------------------------------|--------------|--------------|
| TOTAL CLAIMS                       |              |              |
| 0                                  | NUMBER FILED | NUMBER EXTRA |
| NO PAGINATED CLAIMS                |              |              |
| 0                                  | AMOUNT 20-   |              |
| INDEPENDENT CLAIMS                 |              | minus 3 =    |
| 0                                  |              |              |
| MULTIPLE INDEPENDENT CLAIM PRESENT |              |              |
|                                    |              |              |

If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY  
TYPE C  
OR SMALL ENTITY

| RATE      | FEES | RATE      | FEES |
|-----------|------|-----------|------|
| BASIC FEE |      | BASIC FEE |      |
| X\$9-     |      | X\$18-    |      |
| OR        |      | OR        |      |
| X10-      |      | X80-      |      |
| OR        |      | OR        |      |
| +135-     |      | +270-     |      |
| OR        |      | OR        |      |
| TOTAL     |      | TOTAL     | 270- |

CLAIMS AS AMENDED - PART II

| (Column 1)                         | (Column 2)                                | (Column 3)                                  |
|------------------------------------|---|---|
| AMENDMENT                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total                              | Minus                                     | PRESENT<br>EXTRA                            |
| Independent                        | Minus                                     | =   |
| MULTIPLE INDEPENDENT CLAIM PRESENT |   |   |

SMALL ENTITY  
OR SMALL ENTITY

| RATE                       | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
|----------------------------|-------------------|----------------------------|-------------------|
| X\$9-                      |                   | X\$18-                     |                   |
| OR                         |                   | OR                         |                   |
| X10-                       |                   | X80-                       |                   |
| OR                         |                   | OR                         |                   |
| +135-                      |                   | +270-                      |                   |
| OR                         |                   | OR                         |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   | TOTAL<br>ADDITIONAL<br>FEE | 270-              |

BEST AVAILABLE COPY

| (Column 1)                         | (Column 2)                                | (Column 3)                                  |
|------------------------------------|---|---|
| AMENDMENT B                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total                              | Minus                                     | PRESENT<br>EXTRA                            |
| Independent                        | Minus                                     | =   |
| MULTIPLE INDEPENDENT CLAIM PRESENT |   |   |

| RATE                       | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
|----------------------------|-------------------|----------------------------|-------------------|
| X\$9-                      |                   | X\$18-                     |                   |
| OR                         |                   | OR                         |                   |
| X40-                       |                   | X80-                       |                   |
| OR                         |                   | OR                         |                   |
| +135-                      |                   | +270-                      |                   |
| OR                         |                   | OR                         |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   | TOTAL<br>ADDITIONAL<br>FEE | 270-              |

| (Column 1)                         | (Column 2)                                | (Column 3)                                  |
|------------------------------------|---|---|
| AMENDMENT C                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total                              | Minus                                     | PRESENT<br>EXTRA                            |
| Independent                        | Minus                                     | =   |
| MULTIPLE INDEPENDENT CLAIM PRESENT |   |   |

| RATE                       | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
|----------------------------|-------------------|----------------------------|-------------------|
| X\$9-                      |                   | X\$18-                     |                   |
| OR                         |                   | OR                         |                   |
| X40-                       |                   | X80-                       |                   |
| OR                         |                   | OR                         |                   |
| +135-                      |                   | +270-                      |                   |
| OR                         |                   | OR                         |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   | TOTAL<br>ADDITIONAL<br>FEE | 270-              |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**PATENT APPLICATION**

## **Effective**

# DETERMINATION RECORD

January 1897

| CLAIMS AS FILED - PART I                       |              |              |   | CLAIMS AS AMENDED - PART II |                |            |        |
|--|--------------|--------------|---|-----------------------------|----------------|------------|--------|
| (Column 1)                                     |              | (Column 2)   |   | (Column 3)                  |                | (Column 4) |        |
| FOR  | NUMBER FILED | NUMBER EXTRA |   | RATE                        | FEES           |            | RATE   |
| BASIC FEE                                      |              |              |   | \$11 =                      |                |            |        |
| TOTAL CLAIMS                                   |              | Minus 20     | = | X\$11 =                     |                | \$95.00    | OR     |
| INDEPENDENT CLAIMS                             |              | Minus 3      | = | X41 =                       |                | 382 =      | OR     |
| MULTIPLE DEPENDENT CLAIM PRESENT               |              |              |   | X35 =                       |                | 135 =      | OR     |
|  |              |              |   | +135 =                      |                | 470 =      | OR     |
|  |              |              |   | TOTAL                       |                | TOTAL      | TOTAL  |
|  |              |              |   | OTHER THAN SMALL ENTITY     |                |            |        |
|  |              |              |   | SMALL ENTITY                |                |            |        |
|  |              |              |   | RATE                        | ADDITIONAL FEE |            | RATE   |
|  |              |              |   | \$11 =                      |                |            | \$11 = |
|  |              |              |   | X41 =                       |                |            | X82 =  |
|  |              |              |   | X35 =                       |                |            | +270 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |              |              |   | TOTAL ADDIT. FEE            |                |            |        |
|  |              |              |   | TOTAL ADDIT. FEE            |                |            |        |
| AMENDMENT B                                    |              |              |   | AMENDMENT C                 |                |            |        |
| AMENDMENT D                                    |              |              |   | AMENDMENT E                 |                |            |        |
| AMENDMENT F                                    |              |              |   | AMENDMENT G                 |                |            |        |
| AMENDMENT H                                    |              |              |   | AMENDMENT I                 |                |            |        |
| AMENDMENT J                                    |              |              |   | AMENDMENT K                 |                |            |        |
| AMENDMENT L                                    |              |              |   | AMENDMENT M                 |                |            |        |
| AMENDMENT N                                    |              |              |   | AMENDMENT O                 |                |            |        |
| AMENDMENT P                                    |              |              |   | AMENDMENT Q                 |                |            |        |
| AMENDMENT R                                    |              |              |   | AMENDMENT S                 |                |            |        |
| AMENDMENT T                                    |              |              |   | AMENDMENT U                 |                |            |        |
| AMENDMENT V                                    |              |              |   | AMENDMENT W                 |                |            |        |
| AMENDMENT X                                    |              |              |   | AMENDMENT Y                 |                |            |        |
| AMENDMENT Z                                    |              |              |   | AMENDMENT AA                |                |            |        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |              |              |   | TOTAL ADDIT. FEE            |                |            |        |
|  |              |              |   | TOTAL ADDIT. FEE            |                |            |        |

If the entry in column 1 is less than the entry in column 2, write "0" in column

**"If the "Signed Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."**

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."**

**The Highest Number Previously Paid For** (Total or Independent) is the highest number found in the appropriate box in column 1.